

# Tulane's Training Program for Health Facility Surveyors

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A unique educational program is in progress in the Department of Health Services Administration, School of Public Health and Tropical Medicine, Tulane University. It is a program to train health facility surveyors, a title relatively new to the health manpower roster.

## **The Health Facility Surveyor**

The health facility surveyor is a key person in the national system for surveillance of institutions providing health care services under titles XVIII and XIX of the Social Security Act. The surveyor, who is State based, is responsible for determining whether the institutions and agencies he surveys are in compliance with the "Conditions of Participation" for title XVIII (Medicare) and with Federal Register and individual State regulations for title XIX (Medic-

aid). In some instances he is also responsible for State licensure surveys. The surveyor's role is firmly based on Federal legislation. With the inception of Medicare, Congress delegated authority to the Department of Health, Education, and Welfare to "define and apply national standards" for the new Federal program in order to "assure the quality of medical care purchased for beneficiaries."

The national standards defined by DHEW are the "Conditions of Participation" which set the guidelines within which hospitals, extended care facilities, home health agencies, and independent laboratories may legally provide services to Medicare beneficiaries. The "Conditions of Participation" are the basis for surveillance of these institutions and agencies.

The "Conditions of Participation" spell out both statutory and

nonstatutory regulations which are binding upon institutions and agencies that provide care under the title XVIII program. They contain provisions relating to definitions of services provided (physician, nursing, restorative, social), staffing, organization, policies and procedures, medical records, equipment, physical facilities and environment, health and safety, dietary services, pharmaceutical services, and so on. (In addition to the responsibility given to DHEW, the legislation also gave responsibility to the Joint Commission on Accreditation of Hospitals. The law provides that JCAH accredited hospitals are assumed to meet acceptable standards and are not to be reviewed under the "Conditions of Participation" except for a special utilization review.)

At the same time that Congress assigned the task of defining standards, it also charged DHEW to apply these standards nationally. The Congress recommended that State agencies be used wherever possible to certify that conditions were met on a continuing basis. Hence, a system has evolved using State surveyors—supervised by official State agencies who are in turn responsible to the Bureau of Health Insurance (Social Security Administration) and the Community Health Service (Health Services and Mental Health Administration) regional and central offices—to determine whether health facilities are in compliance with the national standards, the "Conditions of Participation."

The Tulane Health Facility Surveyor Training Program has been established for the preparation of these State surveyors.

### **Tulane, Site of Project**

Tulane University, in New Orleans, is the site of many experimental ventures in the health field. Within the School of Public Health and Tropical Medicine, the Department of Health Services

Administration is initiating and carrying out a number of health projects. A new 21-month graduate program for training hospital administrators was started in September 1969, and its first class will graduate in May 1971. A unique feature of the course is an arrangement made by its director for some internships at the Universidad del Valle, Cali, Colombia.

An automated multiphasic health testing program, funded under a contract by the National Center for Health Services Research and Development, is under the aegis of Tulane's health services department and is conducted jointly with the New Orleans Public Health Service Hospital. The department is responsible for the community medicine teaching program in the school of medicine for freshmen and senior medical students and is developing, under contract with the Community Health Service, a curriculum model that will investigate innovative aspects of this type of teaching program.

### **Surveyor Training Program**

The health facility surveyor training program has been in progress at Tulane since July 1969. It is sponsored under contract grant No. HSM 110-69-304, Health Services and Mental Health Administration, Department of Health, Education, and Welfare. Much groundwork for the project was done throughout the country under the direction of the Health Facilities Survey Improvement Staff, Division of Health Resources, Community Health Service, which has continued to contribute significantly to the program's development.

The program has been assisted by the National Institute of Mental Health, the Social and Rehabilitation Service, and the Social Security Administration. The latter agency has been largely responsible for supporting the trainees. All four agencies have helped with

planning and evaluating the program and have provided speakers and instructional materials.

A national ad hoc advisory committee also has helped give direction to the program. This committee, widespread geographically and diverse professionally, has expanded the program's scope and helped substantially in the developmental process.

The goal of the Tulane project is to improve the education and training of State agency surveyors whose task it is to survey the institutions and agencies which provide health care and services under titles XVIII and XIX of the Social Security Act. The project has two distinct components—campus-based, continuing education institutes and in-depth specialty courses to be used in State or regional training programs for in-service education of health facility surveyors or other health personnel.

### **First Two Institutes**

Three health facility surveyor training institutes had been held at Tulane by the end of 1970. The first two were experimental, and major revisions were made before the third institute. We shall describe the first two institutes, explain the rationale for revisions, and then discuss the third institute which met from October 25 to November 20, 1970.

*Trainees.* In spring 1970, two 6-week courses were offered at Tulane University from March 15 to April 24 and from May 3 to June 12. Twenty-two trainees attended the first session, and 23 the second. Sixty percent of all the enrollees were men and 40 percent were women. Ages of the participants ranged from the twenties to the sixties. Backgrounds of experience and education varied greatly; most of the students were trained previously in some health-related discipline such as hospital administration, nursing, sanitation, pharmacy, or nutrition.



*Participants in health surveyor training program*

Approximately 70 percent of the students represented State health departments (29 different States). Among the job titles they listed for their present positions were "surveyor," "consultant," "section chief," and "supervisor." About 15 percent came from five Community Health Service regional offices. Five percent represented the Community Health Service central office, and the remaining 10 percent were from the Bureau of Health Insurance central or regional offices.

The heterogeneous grouping had many advantages. The novice learned from the more experienced surveyor. Exposure to those with different training and experience broadened the outlook of each student. When interpretations of regulations were at variance, exchange of views tended to clarify reasons for the differences, and sometimes consensus could be reached on the intent of the regulations. The significance of varying circumstances was emphasized. For example, a deficiency noted

for the first time in an institution would be looked upon in a different light than the same deficiency that had been repeatedly reported and discussed with the institution's administrators.

Another element in favor of the mixed group was the opportunity it provided to explore alternative solutions to problems. In numerous instances, a problem that existed in one State had been fully or partially solved in another. The exchange among people from different geographic areas had potential for more effective communication of practical ideas. One class member wrote at the end of the course:

I learned how other States handle some of our problem situations. I think the association with other disciplines has made me more conscious and more appreciative of their contributions to patient care, and . . . oriented me more toward the needs of the patient.

Still another positive factor, bearing out the effectiveness of combining participants from different positions in the health sys-

tem, is reflected in some excerpts from student evaluations:

The institute increased my knowledge regarding the place that the Regional Office and BHI play in relation to the State Health Department.

. . . the point was made loud and clear that the Federal Government is most sincere in indicating that it expects the delivery of quality medical care.

I understand both the Regional and Central Offices much better. All agencies are after the same goals.

This course has greatly broadened my knowledge of health care. It will also help in my work with the State Agency because of a better understanding of the surveyor's job.

The following is an excerpt from a letter received 6 months after an institute:

Representatives of the Social Security Administration, Community Health Service, Regional Office of SSA, State Agency and the surveyors have been afforded a glimpse of the other side of the fence. Each has learned from the other. Each has hopefully given to the other. Here lies the immeasurable fringe benefit—the intangible. We have come to fuller realization that our problems are universal. They differ in distribution and in-

tensity. In this realization, we have developed a cohesiveness in purpose and in motivation. I share the stated opinion of another student from this class, "I am only beginning to realize how much I have learned."

It is evident that each group member became more knowledgeable about the others and more cognizant of their concerns.

**Curriculum.** The course content for the institutes was largely prescribed by the "Conditions of Participation" because they are basic to the surveyor's task. The major sections of the survey report form, which essentially outlined the "Conditions of Participation" were selected as the subjects for inclusion in the first two experimental institutes. Sessions were held on compliance with State and local laws, the governing body, physical environment, medical staff, nursing department, patient care policies, dietary department, medical records department, pharmacy, laboratories, radiology department, anesthesiology and operating room, restorative services, rehabilitation, dental services, outpatient department, emergency service, social work department, transfer agreement, and utilization review.

Considerable class time was devoted to providing background to help students better understand the total health care delivery system. Techniques used in the survey process were discussed during some instruction periods.

**Instructors.** Speakers were chosen from all parts of the country. Characteristics sought in instructors were expertise in the particular area to be taught; experience in or understanding of, or both, the surveying process; teaching ability; and familiarity with adult education methodology. More than 50 speakers, including Tulane faculty and staff, made up the instructional staff. The large number seemed necessary because of the broad scope of subject matter covered and the need for excellence in each field. It was no

small task to meld the many segments of the program into a meaningful whole.

**Evaluation and recommendations for change.** After the experimental programs, a very careful look was taken at the course. Evaluations of subject matter, teaching methods, and speaker selection had been made by participants after each class session while the course was in progress. End-of-institute evaluations supplemented the already extensive commentary on the students' reactions to practically every aspect of the institute. This information was studied and analyzed, after which much of it was summarized in charts and tables.

In July 1970, a conference of State agency supervisors, supported by the Community Health Service, was held at Tulane. Approximately 100 State, regional, and central office personnel, plus the ad hoc advisory committee for the program, met for 4 days to discuss the institute and make recommendations for its future development.

Reports were given by representatives of State agencies who had sent students to one or both of the courses. Representatives of States that had not sent students presented their views on what the course should include to meet their needs.

Work groups considered nine topics:

Academic credit, pros and cons  
Curriculum, subject matter  
Curriculum, teaching methods  
Evaluation of surveyor training programs  
Fieldwork  
Specialty courses  
Integration of surveyor training programs at all levels  
Philosophy of surveyor training (including objectives)  
Pros and cons of professional versus technical approaches

The work groups were productive. Each brought recommenda-



*Third institute work group*

tions to the meeting of the total group where they were discussed freely.

A synthesis of the conference proceedings was presented on the final day by Dr. George Warner, president of the Association of Directors of State and Territorial Health Facilities' Licensing and Certification Programs. In his conclusion, he presented 15 specific recommendations that had been formulated by the ad hoc advisory committee based on the conference proceedings:

1. Shorten the course to 4 weeks.
2. Provide better definitions of the surveyor.
3. Make better use of the "State Operations Manual" or some regional substitute.
4. Delete or at least condense the schedule of the first week.
5. Reduce the amount of time and attention devoted to psychiatric facilities, tuberculosis facilities, and dietary services and combine parts of the housekeeping and physical planning areas.



*Students participate in role-playing exercises (Photo by Ed Palder)*

6. Use more audiovisual aids and related items.

7. Have classes on Saturday mornings and possibly free Wednesday afternoons.

8. Place more emphasis on role playing.

9. Increase time and attention given to utilization review.

10. Place more emphasis on training in areas such as the non-JCAH accredited hospitals and extended care facilities.

11. Spend less time on health facilities in the New Orleans area.

12. Spend more time on communication, especially interview techniques, and how they can be used to improve relationships with administrators and other key people in health facilities.

13. Make better use of the mockup survey work as exemplified by the pharmacy session.

14. Encourage consistent representation throughout the course by representatives of Federal agencies, not necessarily just as enrollees in the course but as advisers or observers.

15. Require that a surveyor have at least 6 months to a year of practical experience before attending such a course.

### **Program Revision**

Following the State agency supervisors' conference, there was a period of concentrated analysis of

all the evaluative materials at the disposal of the institute staff.

The 15 recommendations from the State agency supervisors' conference included most of the major suggestions that had been made by the course participants. Consequently, the recommendations were excellent guidelines for course revision. The recommendations were given careful consideration, and most of them were incorporated into the new program.

Shortening the course from 6 to 4 weeks without eliminating essentials of the curriculum was a difficult task. None of the subject matter had been judged by the students to be nonessential; rather, some additions to the curriculum had been suggested. Then, too, a number of instructors had already expressed concern at the time limits imposed on them. How would they react to even further constraints?

Weeks of concentrated work on the curriculum by staff members of the Tulane institute finally resulted in a new prototype program that was condensed and almost completely reorganized. Background of the program's development and philosophy and its objectives were carefully spelled out. Each proposed session was examined in relation to the overall institute program, after which it was described and expectations for

its effects on the students were delineated.

The revised program was presented to the Standing Committee on Surveyors' Functions, Qualifications and Training of the Association of Directors of State and Territorial Health Facilities' Licensure and Certification Programs at a meeting in Louisville, Ky., in August 1970. It was also discussed with the institute's ad hoc advisory committee, officials from the Community Health Service, Social Security Administration, National Institute of Mental Health, Social and Rehabilitation Service, and with many other interested and concerned persons.

### **Preparation of Prospectus**

A prospectus was prepared that described the background of the program, philosophy, and objectives, and included a prototype program for a 4-week institute. The prospectus was intended to serve several purposes. The project contract stipulated that Tulane should explore "with other universities the possibility of establishing training centers in other sections of the country." It also called for the development of a prototype program as an outgrowth of the experimental institutes.

Members of the Tulane staff met in San Francisco at the end of September 1970 with representatives of two other universities that are now offering similar courses—the University of New Hampshire and the University of California at Los Angeles. The Tulane prospectus was presented at that time. (Other materials provided to these university representatives were lists of instructors, a bibliography, sample forms for getting information to and from instructors and students, registration forms, materials used for evaluation, a student questionnaire, a detailed outline of the fieldwork, and other information.)

The prospectus is also used as a student manual for orientation

to the course and is sent to instructors to acquaint them with the background and purposes of the program.

### Third Institute

The third Tulane Health Facility Surveyor Training Program was held between October 25 and November 20, 1970. The new program had three distinct units: the perspective, the survey process, and the survey content.

Formal perspective-setting sessions were fewer than in the first two institutes, but each instructor was requested to include appropriate background information in his session. The result was desirable—better integration of material and more favorable response from students.

The unit on the survey process was augmented. More creative methods of instruction, in addition to expanded time, were planned for sessions such as those concerned with interviewing, documentation, consultation, and programing for improvement. Closed-circuit television proved to be an effective teaching tool. Class interest was high when simulated interviews were videotaped, rerun, and discussed. The contribution of this part of the program was considerably more substantial than in the previous institutes.

Topics pertaining to survey content were covered in shorter class periods. One effective innovation in the third institute was the overlapping of speakers from related disciplines. During the two experimental institutes, most speakers arrived just in time for their sessions, made their presentations, and left immediately afterward. The new program called for a number of coordinated efforts. For example, nurses were joined by a medical records librarian for part of their session. Then on the following day, after the medical records librarian had made an individual presentation, she was joined by a speaker on utilization



*Health facility administrator (left) and survey team discuss deficiencies (Photo by Ed Palder)*

review. Both instructors and students reacted favorably to these joint sessions.

Pre-institute reading assignments, a perspective-setting session during the afternoon preceding the beginning of classes, and four evening meetings helped compensate for the decreased time students spent at Tulane (4 weeks compared to 6).

In the third institute, there was a complete change in the format of the field study. Instead of weekly, fragmented visits to different health facilities, the onsite visits in the new program were concentrated into 2 days near the end of the course. Planning for them started early, however. Groups of about four students each were assigned to an institution or agency during the first week. The groups met at least weekly thereafter to plan and prepare for the complete survey they would do on Wednesday and Thursday of the final week. They followed the normal survey preliminaries such as reviewing files and writing letters to make appointments and to request that certain materials be accessible to them upon arrival at the institution.

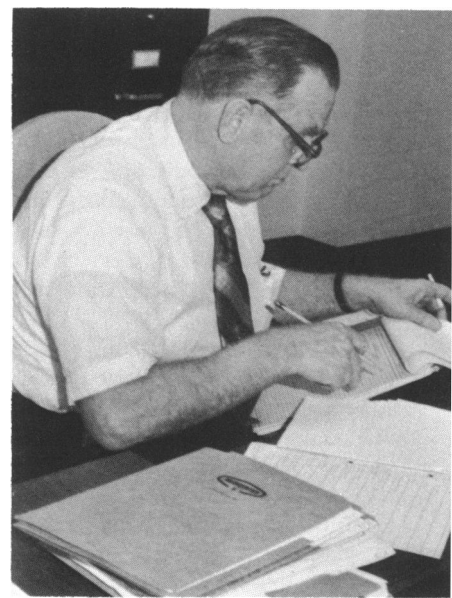
The evenings following the survey visits were spent in writing and documenting the survey report form and discussing findings.

To culminate the fieldwork ex-

perience, a "clinic" was held on the last day of the course. Representatives of State, regional, and central offices sequentially reviewed and evaluated the completed reports and presented their comments and recommendations.

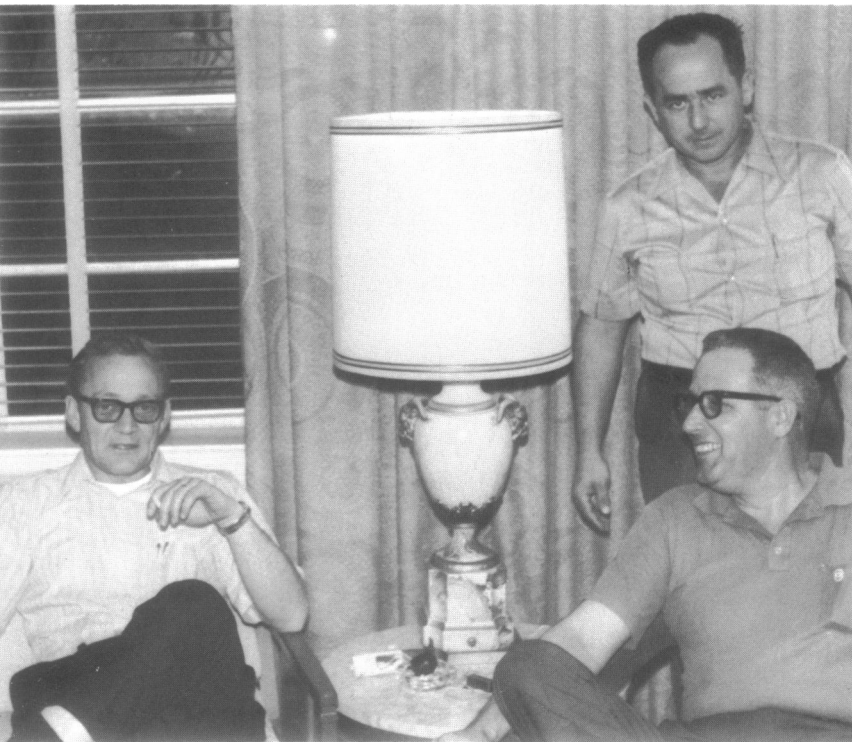
### Specialty Courses

A separate but related surveyor training project at Tulane is the development of 12 specialty courses. They are "intended to provide guidelines to be used by training personnel and other



*Checking patients' records during 2-day survey of extended-care facility (Photo by Ed Palder)*





*An informal night session (Photo by Ed Palder)*

health professionals who have been designated by the Public Health Service Regional Offices and/or State Agencies to teach health facility surveyors" (1). The courses are intended to run from 3 to 5 days.

The topics selected for the courses are the physical environment of health care facilities and physician services (both completed in 1970), administrative management, complementary services, diagnostic services, dietary services, medical records, mental health facilities and services, nursing services, pharmaceutical services, social services, and utilization and medical review.

For each course, a comprehensive curriculum is developed which may be adapted to the needs of the training situation by the instructors involved.

Each specialty course has an advisory committee which meets at Tulane to prepare an outline for the course. Committee members then expand these outlines and act as sounding boards for each other.

The final assembling and compilation of information is done at Tulane. Project staff arrange meetings, work with the committees, facilitate communication between members, organize material, write the text, prepare bibliographies, edit, and carry through with production.

Currently, all but one of the specialty courses are in some stage of development.

### **Conclusion**

The development of the institutes and the specialty courses represent progress toward more effective training for the health facility surveyor. These courses are only a small part of the surveyor's preparation for his important job. He usually comes to the field well grounded in a health discipline. Frequently he has had extensive health-related experience, and he may have had a number of inservice education opportunities within his State or region. However, the expectations for his performance are so complex, and dependence on his judg-

ments so great, that every effort must be made to give him added opportunities to increase his knowledge, skills, and understanding of the total health care system.

It is conceivable that a program should be developed at the graduate level, leading to a degree especially for the health facility surveyor, or to a concentration within another degree program such as public health or health services administration.

Providing adequate and appropriate preparation for this key person in the surveillance of the health care delivery system is a challenge that can be met only if many individuals and groups will continue to work cooperatively toward that end.

### **REFERENCE**

- (1) School of Public Health and Tropical Medicine: The physical environment of health care facilities. Department of Health Services Administration, Tulane University, New Orleans, 1970, p. iii.